Connecticut Office of Health Reform & Innovation

Health Technology
Work Group Minutes

Thursday, December 22, 2011

Co-Leads: Roderick Bremby and Victor Villagra

Members:
Roderick Bremby; Jeannette DeJesús; Tim Deschenes-Desmond; Terry Macy; Mark Raymond; Bobbi Schmidt; Marie Smith; Dr. Bob Trestman; Victor Villagra; Cheryl Wamuo; Peter Zelez; Lori Reed-Fourquet

Missing:
Hari Chanda; Tia Cintron; Lou Polzella; Mark Thomas

Welcome & Introductions

Approval of Meeting Minutes: December 8, 2011
Correction requested in the third full bullet point on the second page, in the comment by Mr. Desmond regarding the Rx files. Reference should be changed from "(Dbase3)" to "(.NET)". With that change, minutes were approved.

New Business

I. Inventory Review by Correctional Managed Health Care

Presentation:

- Began with an overview of Correctional Managed Health Care Program, which provides all medical and mental health services to offenders in the state's correctional system (including in correctional facilities and UConn Health Center). Various improvements in cost and quality have been driven by IT improvements in recent years.
- Described CMCH info technology operation, the technical infrastructure (they are responsible for over 500 pc's today), and the CMHC Application Architecture. Significant strides have been made in recent years to move away from large number of independent applications to a more integrated structure. Still relying on SQL server, but they've used it to create a basic data warehouse that takes daily feeds from multiple systems and supports reporting well beyond what was possible in the past.
- They now have a utilization review system, an automated scheduling system similar to Outlook, an infectious disease tracking system, and staff can look up Rx history and have

access to a Patient Safety System that has lab and radiology results. Having easy access to this type of data is particularly important in a system where inmates may frequently change location.

- They currently produce "data dashboards" for the administrative staff that include various elements, including medical and mental health census informaton and employee overtime.
- Described integration efforts aimed at allowing drill down to individual inmate data by integrating data from different systems.
- Have been pursuing the creation of an actual Electronic Medical Record System for inmates. Did an RFP in 2009, but initiative put on hold due to funding challenges. May be possible to add a medial component onto an Offender Management Information system that's being pursued by DOC. Having EMR would eliminate a lot of integration challenges.
- There are various challenges that CMHC faces:
  --Logistics specific to correctional system (i.e., security issues)
  --Operational model—need for collaboration between UCHC and DOC
  --Difficulties in getting EMR developed—have some interim solutions, but not optimal
- Efforts Moving Forward
  --Patient Summary Screen
  --Real-time interface with DOC (i.e., would provide immediate notification of change in inmate's location)
  --Discharge Summary—there's a lot of information, trying to make process more efficient

Questions/Discussion

- V. Villagra asked to what extent national standards on interoperability apply to CMHC's applications "up the line". Response: Believe CMHC's applications are not out of line with national standards, but can't comment specifically on this subject. V. Villagra asked a similar question more broadly—i.e., in all agencies supporting patient care functions, are EMRs and applications in conjunction with EMRs in conformance with national interoperability standards, and how far upstream do standards apply? Discussion followed, but this is an area where better understanding is needed.

II. Discussion of Work Product and Next Steps

- V. Villagra referred to presentation he did at last meeting. The group will have to look at all levels of interoperability. Group will need to discuss and decide on scope and format of report organized around the group's policy recommendations.
- Commissioner Bremby suggested that some issues may have been raised and/or resolved in the course of the Sustinet, may want to look at that work and the Sustinet reports as well as additional areas where recommendations may be warranted. The Commissioner believes Sustinet was specifically focused on health care, he would like to see this workgroup focus more broadly on the larger environment that impacts health care.
- V. Villagra suggested that now that the group has completed its inventory work, it needs to identify the most signficant policy issues and come up with language to outline the major areas to be addressed in the report. Five key areas that he has mentioned previously

are: master patient index, common nomenclature, privacy, security and maintaining identity throughout the system. He asked for input on other broad categories where policy is necessary.

- It was suggested that data ownership and control be added as a category—where data resides, who manages it, etc.
- It was also suggested that the group look at policy implications for secondary use. This may be a subcategory under data ownership and control. Discussion of the need to better understand the legal restrictions on secondary use. This is a major task.
- Discussion about the potential use of data to create report cards regarding health plan performance that could be made available through the Health Insurance Exchange that would address value dimensions beyond network and cost, such as customer service, readability, linguistic appropriateness etc.
- That led to a broader discussion about the elimination of disparities in health care. Sustinet advisory group focused on this issue, spent a great deal of time looking at the technical requirements, but stopped short of making broader recommendations re digital divide between those with economic means and those without. Should look at what can be done from a policy perspective to minimize the digital divide.
- There was further discussion about leveraging the Sustinet work. Sustinet workgroups were fairly self-contained. Was a suggestion that it might be worthwhile to do a cross walk to various Sustinet reports to see which would be worthwhile to consider, like the report by the workgroup on health disparities. Jeanette DeJesús said she had a copy of the health disparities report, but one way this workgroup could handle is to recommend that the Cabinet review all applicable Sustinet reports.
- Discussion of study done with ARRA funding that looked at how technology is used by the general public-- focus was how we should think about structuring technology to make information available to a broader range of individuals.
- Discussion about whether there have been policy recommendations from Sustinet or anyone else regarding technology assistance for providers, since the cost of improving IT systems can be a significant challenge, particularly for small and medium providers. There is the "Glide Path" initiative within DSS to provide up-front funding to groups of 5 or less. There was mention of a report that recommended AARA funding be leveraged to promote EHR adoption as well as the development of a longer term HIT funding stream. Jeannette Dejesús mentioned that we currently have an opportunity to receive substantial funding from the federal government to help 75 primary care practices build their IT infrastructure and otherwise strengthen their advanced primary care capabilities. Ms. Dejesús commented that, even if current DSS initiatives are entirely successful in improving the way care is provided, there are still many providers/patients who will not be impacted-- the need far exceeds existing programs. So we need to maximize the potential for improvement by actively and strongly taking advantage of and pursuing all possible opportunities for federal funding in this area Two organizations have received work force development and training money. One is Capital Community College for workforce development. The other is E-health Connecticut, which received approximately $5 million to do outreach to providers and provide webinars and other support to help improve technical capabilities, particularly in small practices. Even with positive developments, suggestion that prior work in the workforce development area may not have gone far enough— need to look at health digital literacy more broadly.

Next Steps

Will set a schedule of meetings for 2012 and distribute to work group.

Public Comment

None

Adjourn